

CRAFT Forms Industry User Manual



CRAFT

Complaint, Rate and Form Tracking System

Table of Contents

| | |
|---|-----------|
| Table of Contents..... | 2 |
| Accessing CRAFT..... | 3 |
| The CRAFT Industry Portal..... | 8 |
| CRAFT Welcome Page | 8 |
| The Company Title and User Name..... | 10 |
| The Navigation Links..... | 11 |
| The Navigation Icons..... | 12 |
| The Main Body | 13 |
| Accessing Forms | 14 |
| The Forms page | 15 |
| The Form Filings List tab | 15 |
| The Enter New Form Filing tab | 17 |
| Step 1: Create a Filing | 18 |
| Step 2: Contact | 21 |
| Step 3: Companies | 23 |
| Step 4: Filing Description | 25 |
| Step 5: Supporting Documentation | 27 |
| Step 6: Form Schedule | 30 |
| Step 7: Rate/Rule Schedule..... | 32 |
| Step 8: Filing Fees | 35 |
| The Success page | 37 |
| Quick Reference: To Create a Form Filing..... | 39 |
| The View Form Filing tab | 42 |
| The General sub-tab | 43 |
| The Contacts sub-tab..... | 46 |
| The Companies sub-tab..... | 49 |
| The Filing Desc sub-tab | 51 |
| The Supporting Docs sub-tab | 52 |
| The Form Schedule sub-tab | 55 |
| The Rate Schedule sub-tab | 56 |
| The Filing Fees sub-tab | 57 |
| The Correspondence sub-tab | 58 |
| To Respond to an Objection Letter | 60 |
| To Add Correspondence | 62 |
| The PDF sub-tab..... | 67 |

Accessing CRAFT

1. Open Internet Explorer 7.

NOTE: For maximum efficiency we recommend that you use Internet Explorer version 7 (or 6). Visit Microsoft's website to download the latest version of Internet Explorer.

2. Browse to <http://ldi.louisiana.gov/>.



3. Click the **Industry Access** link.

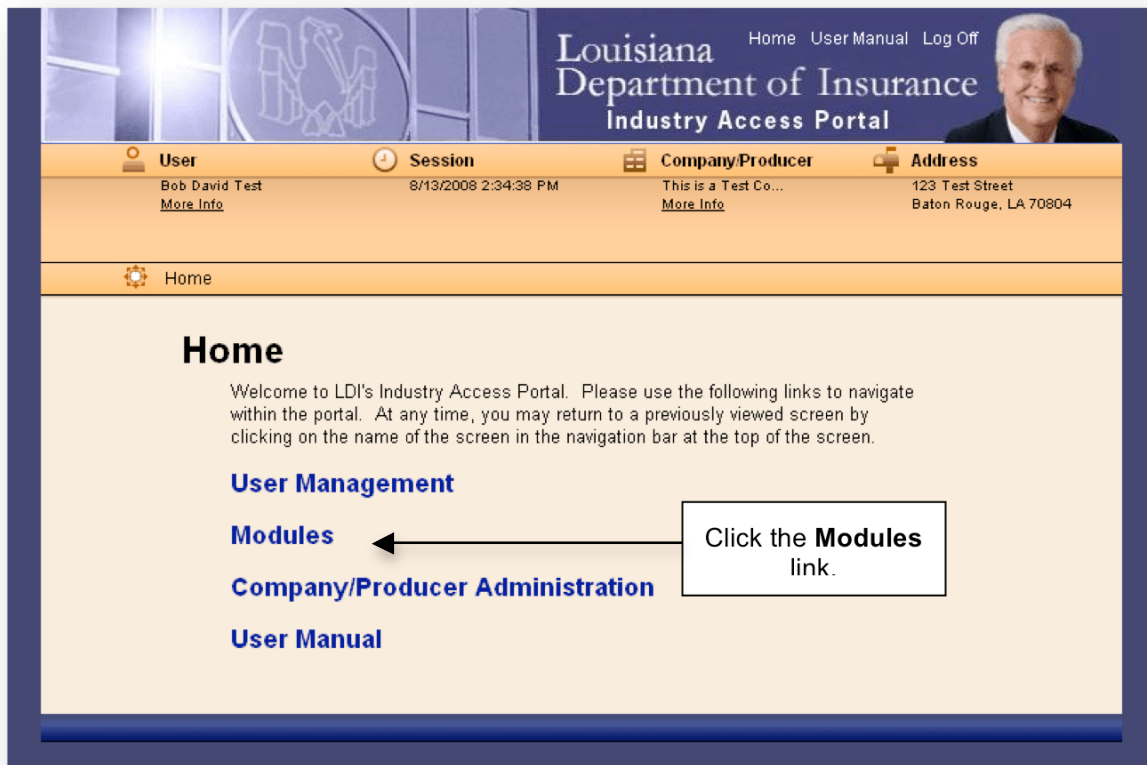
The screenshot shows the Louisiana Department of Insurance website. At the top, the header includes the department name, a photo of Commissioner James J. Donlon, and contact information: 1702 N. 3rd Street, Baton Rouge, LA 70802. Below the header is a navigation bar with links: Office Directory, Media, Events, Title 21, Publications, Guides & Forms, **Industry Access**, Ask A Question, and Requests for Proposals. A callout box with an arrow points to the 'Industry Access' link, containing the text: 'Click the Industry Access link.' The main content area is divided into three columns. The left column, titled 'New Information', lists various reports and seminars, including 'Report on Life-Only Insurance Producer Exam', '2009 Filing & Compliance Seminar', 'Tax Incentives', 'Louisiana Citizens Insurance Tax Credit', 'Hurricane Season 2009', '2008 MINRO Annual Summary Report', '2009 Louisiana Citizens Data Call', 'Hurricane Archives', 'Hurricane Gustav and Hurricane Ike Data Call', 'Mandated Healthcare Benefits Study', 'CRAFT - Complaint, Rate and Form Tracking', 'NEW Advisory Letters, Bulletins, Directives, Rules, & Other Documents', 'Stafford Act Certifications for Louisiana', 'Auto Rate Comparison Guide 2008', and 'Homeowners Rate Comparison Guide 2008'. The middle column has three links: 'CONSUMERS >', 'INSURERS >', and 'PRODUCERS > & ADJUSTERS'. The right column, titled 'Quick Links', lists various services and resources: 'SEARCH Rate Filings', 'Insurance Company Emergency Adjuster Registration', 'File an Insurance Complaint', 'Need Property & Casualty Insurance?', 'Report Insurance Fraud', 'LATIPPA', 'SHIP', 'LHCC', 'P&C Commission', 'Open Meetings Law', 'NAIC Map', 'Press Releases', 'Bulletins, Directives, Rules & Regulations', 'Minority Affairs Insurance Industry Job Center', 'New Consumer Publications', 'FLOODSMART.GOV', 'The Road Home', and 'Insure Louisiana Incentive Program'. A large seal of the State of Louisiana, featuring the text 'STATE OF LOUISIANA', 'UNION JUSTICE', 'CONFIDENCE', and 'COMMISSIONER OF INSURANCE', is centered in the background.

1. Enter your **Email Address** and **Password** in the appropriate boxes.

2. Click **Login**.

NOTE: If you do not have an Industry Access account, you can create one by completing the **Sign Up** screen. Click the **Sign Up** link to access the screen. Fields marked with a red arrow are required and must be filled out.

3. On the **Industry Access Home** page, click the **Modules** link.



Louisiana Department of Insurance Industry Access Portal

Home User Manual Log Off

User Bob Test [More Info](#)

Session 6/22/2009 8:56:53 AM

Company/Producer This is a Test Co... [More Info](#)

Address 123 St.
Baton Rouge, LA 70890

Home → Modules

Modules ?

Use the following links to access those modules for which you have been granted permission. If a desired module is not listed, you can [Request Access](#) to those modules for companies a producers you represent.

| | |
|--------------------|----------------------------|
| Company/Producer: | Miller, Kevin Robert |
| Module(s) Granted: | Producer Tax Filing |

| | |
|--------------------------------|-------------------------------|
| Company/Producer: | Stringer Ware & Company, Inc. |
| Industry Access Administrator: | Jerry L Walker |
| Administrator Contact Email: | jwalker@geneseins.com |
| Administrator Contact Phone: | 6788024005 |
| Module(s) Granted: | Producer Tax Filing |

| | |
|--------------------------------|--|
| Company/Producer: | This is a Test Company |
| Industry Access Administrator: | Mike Boutwell |
| Administrator Contact Email: | mboutwell@ldi.state.la.us |
| Administrator Contact Phone: | 225-219-0620 |
| Module(s) Granted: | 1076 Tax Form Consumer Assistance Program CRAFT Complaints CRAFT Form Filing ← Click the CRAFT Form Filing link. CRAFT Rate Filing Premium Tax Filings |

4. Click the **CRAFT Form Filing** link.
5. The **CRAFT Industry Portal** page will appear

The CRAFT Industry Portal

CRAFT Welcome Page


The **CRAFT Industry Portal** page consists of four parts: the **Company Title and User Name**, the **Navigation Links**, the **Navigation Icons** and the **Main Body**. On the **Welcome** page, it displays the welcome message and Department contact information.

NOTE: **Navigation Links** and **Navigation Icons** are controlled by your company's Industry Access Account Administrator. If you do not have access to specific areas of the **CRAFT Industry Portal** page, the links will not be visible.

The following is an overview of the **CRAFT Industry Portal** page:

Louisiana Department of Insurance
CRAFT Industry Portal

This is a Test Company
Test, Bob

P&C Rates

Complaints

Forms

[Returns to Industry Access](#) | [P & C Rates](#) | [Complaints](#) | [Forms](#) | [View Another Company](#)

Welcome to the CRAFT Industry Portal. Please select an item from the menu above.

Complaint, Rate and Form Tracking System (CRAFT)

Policy Form, Rate and Rule Filing Submissions

Welcome to CRAFT, an electronic filing system designed to provide everything needed to respond to a complaint or produce approvable form, rate, and rule filings. We hope you find CRAFT intuitive and easy to use. However, if you need help, contact the specific department for which your form, rate, or rule filing is being submitted.

Office of Health Insurance

For Major Medical, Hospital Surgical Medical Expense, or Health Maintenance Organization filings please contact:

Carolyn C. Schwendemann
Insurance Compliance Examiner 3
Quality Management Insurance Contracts and Forms
Office of Health Insurance
(225) 219-9344
E-Mail: cschwendemann@ldi.state.la.us

For Medicare Supplement and Medicare Select filings please contact:

Jason Sloper
Insurance Compliance Examiner 2
Supplemental Health Products Division
Office of Health Insurance
(225) 219-9926
E-Mail: jsloper@ldi.state.la.us

For all other limited / supplemental product lines, which include but are not limited to, Dental, Vision, Hospital Indemnity, Disability, Accident Only, Specified Disease, etc. please contact:

Jerri McClendon
Insurance Compliance Examiner 2
Supplemental Health Products Division
Office of Health Insurance
(225) 219-9526
E-Mail: jmcclendon@ldi.state.la.us

Office of Life & Annuity Insurance

Telephone: (225) 342-1226
E-Mail: la@ldi.state.la.us

Office of Property & Casualty Insurance

Policy Forms Division /
Office of Consumer Affairs
Telephone: (225) 342-1258
E-Mail: pc@ldi.state.la.us

Rating Division
Telephone: (225) 342-5203
E-Mail: pc@ldi.state.la.us

Our Product Filing Matrix is also a very useful tool for browsing products; locating products and product definitions; reviewing statutes, regulations, directives, bulletins, and other legal references; and instructions and an array of information pertaining to policy form and rate filings. Product Filing Matrix can be accessed through the following link: <http://www.ldi.state.la.us/FFM/index.htm>

The Company Title and User Name

The **Company Title and User Name** are displayed in the upper left corner of the **CRAFT Industry Portal** page.

A screenshot of a user interface element, likely a header or status bar, displaying the text "This is a Test Company" on the first line and "Test, Bob" on the second line. The text is in a dark, sans-serif font and is centered within a light gray rectangular box with a subtle drop shadow.

Company Title displays the name of your company that you are logged in for.

User Name displays the name of the user that is logged in.

The Navigation Links

The **Navigation Links** allow you to enter all areas of the portal that you have access to. Every user is allowed to view and click the **Return to Industry Access** and **Logout** links.

[Return to Industry Access](#) | [P & C Rates](#) | [Complaints](#) | [Forms](#) | [Logout](#)

The **Return to Industry Access** link brings you back to the **Industry Access** main menu.

NOTE: The **Return to Industry Access** link does not log you out of CRAFT. Click the **Logout** link to log out of CRAFT.

The **P & C Rates** link brings you to the **P & C Rates** page. This link will only be available if your Industry Access Account Administrator has given you access. For more information on the **P & C Rates** page, see the **CRAFT P & C Rates User Manual**.

The **Complaints** link brings you to the **Complaints** page. This link will only be available if your Industry Access Account Administrator has given you access. For more information on the **Complaints** page, see the **CRAFT Complaints User Manual**.

The **Forms** link brings you to the **Forms** page. This link will only be available if your Industry Access Account Administrator has given you access. The **Forms** page is outlined in the following sections.

The **Logout** link logs you out of CRAFT and Industry Access. Use this link when you are finished before closing Internet Explorer.

The Navigation Icons

The **Navigation Icons** allow you to enter all areas of the portal that you have access to. These icons will only be available if your Industry Access Account Administrator has given you equivalent permission.



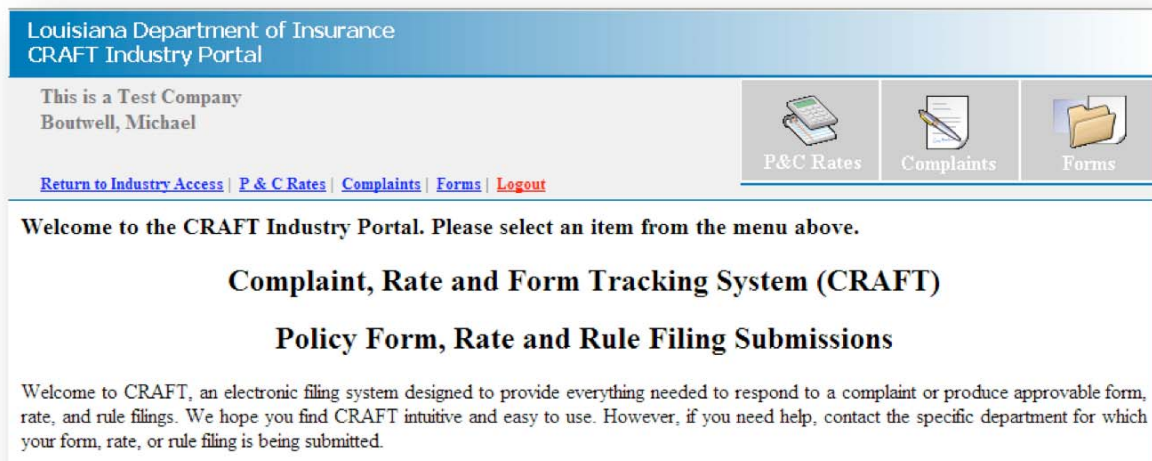
The **P & C Rates** icon brings you to the **P & C Rates** page. This link will only be available if your Industry Access Account Administrator has given you access. For more information on the **P & C Rates** page, see the **CRAFT P & C Rates User Manual**.

The **Complaints** icon brings you to the **Complaints** page. This link will only be available if your Industry Access Account Administrator has given you access. For more information on the **Complaints** page, see the **CRAFT Complaints User Manual**.

The **Forms** icon brings you to the **Forms** page. This link will only be available if your Industry Access Account Administrator has given you access. The **Forms** page is outlined in the following sections.

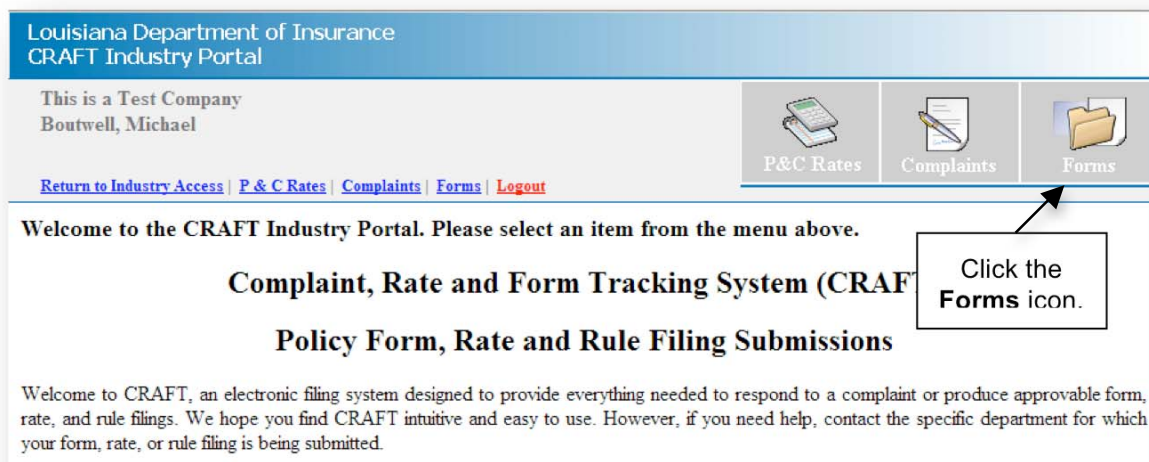
The Main Body

The **Main Body** is directly beneath the **Navigation Links** and **Navigation Icons** area and will change depending on what part of the system you are in.



Accessing Forms

1. On the **CRAFT Industry Portal** page, click the **Forms** icon.



The **Forms** page will appear.

The Forms page

The Forms page consists of three tabs: **Form Filing List**, **Enter New Form Filing**, and **View Form Filing**. When the page first appears, the **Form Filing List** tab will be selected.

The Form Filings List tab

The **Form Filing List** tab displays forms entered by your company.

The screenshot displays the Louisiana Department of Insurance CRAFT Industry Portal. The header includes the company name "This is a Test Company" and the user "Boutwell, Michael". Navigation links for "Return to Industry Access", "P & C Rates", "Complaints", "Forms", and "Logout" are present. The "Forms" tab is selected, showing the "Form Filing List" sub-tab. Below the tabs, there is a "Form Filings for Your Company" section with a "Filter by ID:" field and "Filter" and "Reset" buttons. A table lists the following form filings:

| Filing ID | Status | Date Entered | Entered By | | |
|-----------|---------|--------------|--|----------------------|----------------------------|
| 423 | Pending | 6/29/2007 | This is a Test Company (Ladder, Jacob) | View | Quick View |
| 435 | Pending | 7/2/2007 | This is a Test Company (Pounders, Adam) | View | Quick View |
| 491 | Pending | 7/24/2007 | This is a Test Company (Ladder, Jacob) | View | Quick View |
| 504 | Pending | 8/30/2007 | This is a Test Company (Ladder, Jacob) | View | Quick View |
| 525 | Pending | 10/29/2007 | This is a Test Company (Sunderland, James) | View | Quick View |
| 527 | Closed | 10/29/2007 | This is a Test Company (Sunderland, James) | View | Quick View |
| 574 | Pending | 5/19/2008 | This is a Test Company (Boutwell, Michael) | View | Quick View |

To filter forms by ID, enter an ID in the **Filter by ID** field and click the **Filter** button.

To reset your filter and view all forms, click the **Reset** button.

The **Main Body** of the **Form Filing List** tab displays a table with the following fields:

| Field | Meaning |
|--------------|--|
| Filing ID | Read-Only. Displays a unique identification number for a form filing. |
| Status | Read-Only. Displays the status of the filing: <ul style="list-style-type: none">• Pending• Closed |
| Date Entered | Read-Only. Displays the date that the filing was submitted. |
| Entered By | Read-Only. Displays the name of the individual that submitted the filing and the company that the individual was logged in under. |
| View | Click to navigate to the View Form Filing tab, where all details of a filing will be available. |
| Quick View | Click to access a printable summary of the filing in a separate browser window. |

The Enter New Form Filing tab

The **Enter New Form Filing** tab allows you to create a new form filing. This tab is the first of the step-by-step process of entering a new form. You can save your draft at any time during your data entry. For more information, see the **To Create a Form Filing** section below.

Click the **Previous** and **Next** buttons to navigate between steps.

Click the **Save Draft** button to save a draft of the information you have entered for your new form filing. After you click the **Save Draft** button, if you exit the **Enter New Form Filing** tab, you will be given the option to continue with your draft or start a new one when you return.

NOTE: Only one form filing draft may be saved. The “start a new one” selection will delete the current draft.

The screenshot displays the Louisiana Department of Insurance CRAFT Industry Portal. At the top, it identifies the user as 'This is a Test Company' and 'Boutwell, Michael'. A navigation bar includes links for 'Return to Industry Access', 'P & C Rates', 'Complaints', 'Forms', and 'Logout'. Below this, a secondary bar shows 'Form Filing List', 'Enter New Form Filing' (the active tab), and 'View Form Filing'. On the right, there are icons for 'P&C Rates', 'Complaints', and 'Forms'. A message at the bottom states: 'You have an unsaved form filing in the system. Would you like to [continue with this draft](#) or [start a new one](#)?'.

Required fields will be marked with a **Red Asterisk (*)**.

NOTE: Form filing steps are dynamic and available fields will be determined by your selections. Therefore, the steps you see on your screen might not exactly match those pictured in this help file.

The **Enter New Form Filing** starts with **Step 1**. When you finish each step, click **Next**.

Step 1: Create a Filing

In this step, you enter general information and select your filing type. The information you select here will determine the number of steps in the filing process.

Step 1 of 9

Create a Filing

| | | |
|---|----------------------|---|
| Business Type: | <input type="text"/> | * |
| Program Name/Product Market Name: | <input type="text"/> | |
| Program Number/Company Tracking Number: | <input type="text"/> | |
| Type of Insurance: | <input type="text"/> | |
| Sub-Type of Insurance: | <input type="text"/> | |
| Marketing Type: | <input type="text"/> | |
| Product Type: | <input type="text"/> | |
| Sub-Product Type: | <input type="text"/> | |

Save Coverage Type

Please add a coverage type before clicking "Next"

Filing Type(s): *

The following fields are available for **Step 1: Create a Filing**:

| Field | Meaning |
|--|---|
| Business Type | <p>Required. Select the type of insurance from the drop-down box. Options are:</p> <ul style="list-style-type: none"> • Health • Life/Annuity/Long Term Care • Property & Casualty <p>NOTE: Filing Type(s) will not be available until you select a Business Type.</p> |
| Program Name/Product Market Name | <p>Enter the program name for the filing your company is submitting. For example, Medicare Supplement Advertising or Classic Auto Program</p> <p>NOTE: This is required for Life/Annuity/Long Term Care and Property & Casualty Business Types.</p> |
| Program Number/Company Tracking Number | Enter the number your company uses to track this form filing. |
| Type of Insurance | <p>Required. Select the appropriate type of insurance from the drop-down box.</p> <p>NOTE: No options will be available until Business Type is selected. Options will vary depending on the Business Type you selected.</p> |
| Sub-Type of Insurance | <p>Required. Select the sub-type of insurance from the drop-down box.</p> <p>NOTE: No options will be available until Type of Insurance has been selected. Options will vary depending on the Type of Insurance you selected.</p> |
| Marketing Type | <p>Select the type of marketing from the drop-down box.</p> <p>NOTE: No options will be available until Sub-Type of Insurance is selected. Options will vary depending on the Sub-Type of Insurance you selected.</p> |
| Product Type | <p>Select the type of product from the drop-down box.</p> <p>NOTE: No options will be available until Marketing Type is selected. Options will vary depending on the Marketing Type you selected.</p> |
| Sub-Product Type | <p>Select the type of sub-product from the drop-down box.</p> <p>NOTE: No options will be available until Product Type is selected. Options will vary depending on the Product Type you selected.</p> |
| Save Coverage Type | <p>Required. Click the Save Coverage Type button to save your Type of Insurance, Sub-Type of Insurance, Marketing Type, Product Type, and Sub-Product Type selections. These items must be selected in the order that they are listed. Each selection determines what will be available in the subsequent drop-down box. Your selections</p> |

| | |
|----------------|--|
| | <p>also determine what you will need to select before you will be able to click the Save Coverage Type button.</p> <p>NOTE: You must click the Save Coverage Type button before the Next button will be enabled.</p> <p>NOTE: Depending on your Business Type selection, you may be able to add multiple Coverage Types. P&C Business Type will allow you to add multiple Coverage Types. When multiple Coverage Types can be saved, the button will be accessible.</p> |
| Filing Type(s) | <p>Required. Select the radio button for one of the form filing type options.</p> <p>NOTE: No options will be available until Business Type is selected. Options will vary depending on the Business Type you selected.</p> |

Step 2: Contact

In this step, you enter contact information for your form filing. This is the person(s) responsible for receiving and responding to correspondence with the Department of Insurance for this filing.

Step 2 of 8

Contact

Contact Type: You must enter a contact type of Filer before saving.

Prefix (Mr./Ms.): *

First Name: *

Middle Name:

Last Name: *

Suffix:

Title:

Company Name: *

Address 1: *

Address 2:

City: *

State: *

Zip: *

Email: *

Phone Number: *

Fax Number:

The following fields are available for **Step 2: Contact**:

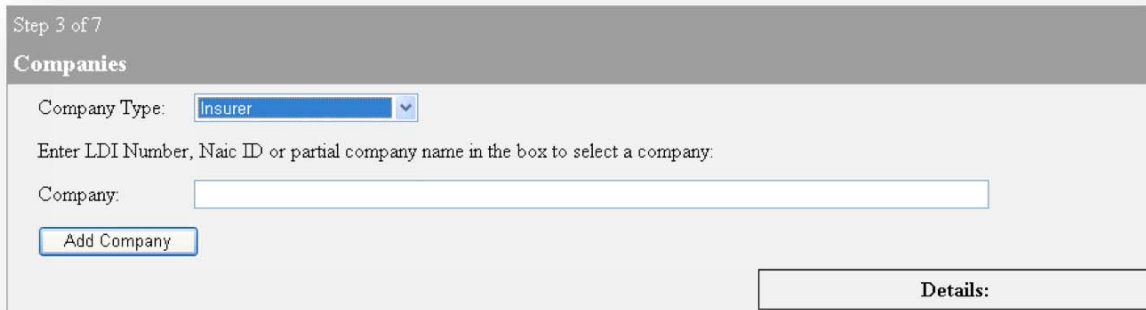
| Field | Meaning |
|--------------|--|
| Contact Type | Read-Only. Filer is currently the only available contact type and will be pre-selected for you. |
| Prefix | Required. Enter the prefix of the contact's name. For example, Mr., Mrs., Dr. |
| First Name | Required. Enter the first name of the contact. |
| Middle Name | Enter the middle name or initial of the contact. |
| Last Name | Required. Enter the last name of the contact. |
| Suffix | Enter the suffix of the contact's name. For example, Jr. or IV. |
| Title | Enter the title for the position of the contact. |
| Company Name | Required. Enter the name of the company the contact is associated with. |
| Address 1 | Required. Enter the first line of the contact's address. |
| Address 2 | Enter the second line of the contact's address, if applicable. |
| City | Required. Enter the city of the contact's address. |
| State | Required. Select the state of the contact's address from the drop-down box. |
| Zip | Required. Enter the zip code/postal code of the contact's address. |
| E-mail | Required. Enter the contact's e-mail address. |
| Phone Number | Required. Enter the contact's phone number. |
| Fax Number | Enter the contact's fax number. |

NOTE: In order to enable the **Next** button and proceed to the next step, you must click the **Save Contact** button.

NOTE: You can add multiple contacts before clicking the **Next** button.

Step 3: Companies

In this step, you select the company associated with the form filing.



Step 3 of 7

Companies

Company Type: Insurer

Enter LDI Number, Naic ID or partial company name in the box to select a company:

Company:

The following fields are available for **Step 3: Companies**:

| Field | Meaning |
|--------------|--|
| Company Type | Required. Select your type of company from the drop-down box. Options are: <ul style="list-style-type: none">• Insurer• MNRO• Third Party Administrator |
| Company | Required. Enter LDI Number, NAIC ID or partial company name in the box to select a company. |

NOTE: In order to enable the **Next** button and proceed to the next step you must enter the name of the company and click the **Add Company** button.

NOTE: You may enter more than one company for Life and P&C only.

Once you have filled in the appropriate fields, the **Company** table appears. The **Company** table displays general company information, while the majority of the information is displayed in the other three tables.

The **Company** table displays the following information:

| Field | Meaning |
|---------------|--|
| Company Type | Read-Only. Displays the type of company from the drop-down box. Options are: <ul style="list-style-type: none"> • Insurer • MNRO • Third Party Administrator |
| LDI Company # | Read-Only. Displays the number assigned to the company by the Louisiana Department of Insurance. |
| NAIC ID | Read-Only. Displays the number assigned to the company by the National Association of Insurance Commissioners. |
| Company Name | Read-Only. Displays the name the company has filed with the Louisiana Department of Insurance. |

The **Company Details** table displays the following information:

| Field | Meaning |
|------------------|---|
| Company Name | Read-Only. Displays the name the company has filed with the Louisiana Department of Insurance. |
| Classification | Read-Only. Displays the classification of insurance. |
| Status Type | Read-Only. Displays whether the company is active or inactive. |
| NAIC Group Code | Read-Only. Displays the group code established by the NAIC. |
| Domicile State | Read-Only. Displays the state the company is located in. |
| Foreign/Domestic | Read-Only. Identifies if the company is foreign or domestic. |

The **Company Details** table displays the following information:

| Field | Meaning |
|----------------|---|
| Insurance Line | Read-Only. Displays the line of insurance. |
| Date Licensed | Read-Only. Displays the date the company was licensed. |

The **Company Details** table displays the following information:

| Field | Meaning |
|---------------|---|
| License Type | Read-Only. Displays the type of license. Options are: <ul style="list-style-type: none"> • Admitted Insurer • CE Provider • Risk Purchasing |
| Date Licensed | Read-Only. Displays the date the company was licensed. |
| Status | Read-Only. Displays whether the license type is active or inactive. |
| Date Inactive | Read-Only. If the license type is inactive, this displays the date that it became inactive. |

Step 4: Filing Description

This step provides a text editor and two fields that allow you to enter a description for the form filing.

Step 4 of 8

Filing Description

Filing Description: This area should be similar to the body of the cover letter.

Rich text editor toolbar: Bold, Italic, Underline, Text Color, Background Color, Bulleted List, Numbered List, Link, Unlink, Spellchecker, Paragraph Style, Font Name, Size, Color.

Associated Rate/Rule Filing ID:

Status of Filing in Domicile:

<- Prev Next -> Save Draft

To Enter a Form Filing Description

1. On the **Filing Description** tab, click the text editor
2. Type the description.
3. Use the text editing toolbar to format the response.

NOTE: A spellchecker is one of the tools provided.

4. If applicable, enter the **Associated Rate/Rule Filing ID** and select a **Status of Filing in Domicile**.

The following fields have been provided for you to enter a description for the form filing:

| Field | Meaning |
|--------------------------------|---|
| Associated Rate/Rule Filing ID | Enter the companion Rate/Rule Filing Tracking number, if applicable. If known, the LDOI Rate/Rule ID may be entered. |
| Status of Filing in Domicile | Select the status of the form filing in your home state. Options are: <ul style="list-style-type: none">• Authorized/Approved• Disapproved• Not Filed• Pending |

Step 5: Supporting Documentation

In this step, you attach all supporting documentation for the filing.

Step 5 of 7

Supporting Documentation

[Expand All](#) [Collapse All](#)

Miscellaneous Documents

Health and Accident & Life/Annuity/Long Term Care - Documents may include, but are not limited to, red-lined copies of forms, copies of previously approved forms submitted only in conjunction with the filing of riders, amendments and endorsements, copies of related approval letters, trust documents, association's constitution, by-laws, association brochure, etc. NOTE – Previously approved forms, submitted in conjunction with a complete filing, must be attached under the “form schedule” section.

Property & Casualty- Documents may include, but are not limited to, marked-up copies of forms, side-by-side comparisons, copies of previously approved forms, and/or copies of related approval letters.

There are no miscellaneous documents for this filing.

Document Type:

Document Name:

Document Number:

[Add Document](#)

[<- Prev](#) [Next->](#) [Save Draft](#)

This step contains two buttons and four document categories:

The **Expand All** button will open all three categories to display all non-confidential documents attached to the form filing.

The **Collapse All** button will close all three categories so that only their titles are visible.

All categories are closed or collapsed by default. To expand a single category, click the + next to its name.

When expanded, each category will display a description of the category, and links to attach any files.

The following categories are available for different types of documents:

| Category | Description |
|-----------------------------|---|
| Certification of Compliance | <p>A completed Certification of Compliance must be included for each product filed for Certified Approval. Products that are required to be or may be certified are outlined in the Product Filing Matrix.</p> <p>NOTE: The Statement of Compliance is a separate form that must be completed and submitted for all products filed for approval.</p> |
| Explanatory Memorandum | <p>A detailed explanation of form filing and individual forms submitted. This should include an explanation of any rate/rule impact, with a copy of any rate/rule approval letters issued by the Department; if none, so state.</p> |
| Statement of Compliance | <p>A completed Statement of Compliance must be submitted for each product filed. This form details the requirements specific to a particular form of coverage and contract type.</p> <p>NOTE: The Certification of Compliance is a separate form that is submitted along with the Statement of Compliance for certain products that are required to be or may be certified as outlined in the Product Filing Matrix.</p> |
| Compliance Affidavit | <p>Health & Accident and Life/Annuity/Long Term Care: The Compliance Affidavit is a form prescribed by the department that must be completed by the filer when filing amendatory riders or endorsements, affirming that the insurance product to be amended by the rider or endorsement is fully compliant with all pertinent statutes and regulations.</p> |
| Miscellaneous Documents | <p>Health & Accident and Life/Annuity/Long Term Care: Documents may include but are not limited to, red-lined copies of forms, copies of previously approved forms submitted only in conjunction with the filing of riders, amendments and endorsements, copies of related approval letters, trust documents, association's constitution, by-laws, association brochure, etc.</p> <p>NOTE: Previously approved forms, submitted in conjunction with a complete filing, must be attached under the "form schedule" section.</p> <p>Property & Casualty: documents may include, but are not limited to, marked-up copies of forms, side-by-side comparisons, copies of previously approved forms, and/or copies of related approval letters.</p> |

The following fields are available for **Miscellaneous Documents**:

| Category | Description |
|-----------------|---|
| Document Type | Select the type of document from the drop-down box. Options are: <ul style="list-style-type: none">• Actuarial Memorandum – Life & Annuity• Association Document• Cover Letter• Grievance Procedures – Medicare Select• Informational• Multiple Policy Reports – Medicare Supplement• Previously Approved Forms• Red Lined Document• Related Approval Letters• Statement of Variability• Trust Document |
| Document Name | Enter the name of the document. |
| Document Number | Enter the number of the document. |

The **Confidential Documents** section displays any supporting documentation that is not available to the public. For each document, a link to the attachment, the name of the individual that attached the document, and the date the document was attached will be displayed.

This area is only used for confidential documents, such as underwriting guidelines or rating documents, if applicable or requested.

Step 6: Form Schedule

In this step, you enter forms for your company.

The screenshot shows a web form titled "Step 6 of 7" and "Form Schedule". A message at the top states: "* Please add an attachment for each form schedule before clicking 'Next'". The form contains four fields: "Form Type:" with a dropdown menu and a red asterisk; "Form Number (Include Edition Date):" with a text input field and a red asterisk; "Comment:" with a text input field; and "Action:" with a dropdown menu and a red asterisk. Below these fields is an "Add Form" button. At the bottom of the form are three buttons: "<- Prev", "Next ->", and "Save Draft".



























The following fields are available for **Step 6: Form Schedule**:

| Field | Meaning |
|------------------------------------|--|
| Form Type | Required. Select the type of form scheduled. Options include, but are not limited to: <ul style="list-style-type: none">• Endorsement• Individual Contact• Certificate• Exclusion• Policy Jacket• Application NOTE: Depending on the Business Type selected, different options will be available. |
| Form Number (Include Edition Date) | Required. Enter the identification number and Edition Date of your form. |
| Comment | Enter any comments for your form. |
| Action | Required. Select whether the form is new or a replacement form. |

After filling out the fields, click the **Add Form** button. Your new form will appear in the schedule.

Step 6 of 8

Form Schedule

| Viewing Results 1 to 1 of 1 | | | | | | |
|-----------------------------|-------------|-------------------------------|--------|----------------------|----------------|---|
| | Form Number | Form Type | Action | Replaced Form Number | Previous LDI # | Attachments |
| Delete | 12345 | Advertising – Medicare Select | New | | |                           |

* Please add an attachment for each form schedule before clicking "Next"

Form Type: *

Form Number (Include Edition Date): *

Comment:

Action: *

Click the **Attach File** button to add your form document.

NOTE: You can enter more than one form on the Form schedule. Only one document can be attached for each form scheduled.

Step 7: Rate/Rule Schedule

In this step, you add rates/rules for your company.

NOTE: This step will not appear for P&C.

Step 7 of 9

Rate/Rule Schedule

Filing Method:

Rate Change Type:

Rate Filing Type:

Overall Percentage of Last Rate Revision:

Effective Date of Last Revision:

Effective Date of Proposed Adjustment:

Filing Method of Last Filing:

Document Name:

Rule # or Page #:

Comment:

Rate Action:

Add Rate/Rule

<- Prev

Next ->

Save Draft

The following fields are available for **Step 7: Rate/Rule Schedule**:

| Field | Meaning |
|--|---|
| Filing Method | Select the method by which the rate/rule was filed. Options are: <ul style="list-style-type: none"> • Combination • File and Use • Informational • Other • Review and Approval |
| Rate Change Type | Select the type of rate change. Options are: <ul style="list-style-type: none"> • Decrease • Increase • Neutral |
| Rate Filing Type | Select the type of rate filing. Options are: <ul style="list-style-type: none"> • Adjustment • Annual – No Adjustment • Initial Filing • Refund Calculation |
| Overall Percentage of Last Rate Revision | Enter the overall percentage of the last rate revision. |
| Effective Date of Last Revision | Enter or select the effective date of the last revision. |
| Effective Date of Proposed Adjustment | Enter or select the effective date of the proposed adjustment. |
| Filing Method of Last Filing | Select the filing method by which the last rate/rule was filed. Options are: <ul style="list-style-type: none"> • Combination • File and Use • Informational • Other • Review and Approval |
| Document Name | Enter the name of the document. |
| Rule # or Page # | Enter the rule number or the page number. |
| Comment | Enter a comment. |
| Rate Action | Select the action taken on the rate. Options are: <ul style="list-style-type: none"> • New • Replacement • Initial • Revised • Previously Approved |

- Informational

After filling out the fields, click the **Add Rate/Rule** button. Your new rate/rule will appear in the schedule.

Step 7 of 9

Rate/Rule Schedule

Filing Method:

Rate Change Type:

Rate Filing Type:

Overall Percentage of Last Rate Revision:

Effective Date of Last Revision:

Effective Date of Proposed Adjustment:

Filing Method of Last Filing:

| Viewing Results 1 to 1 of 1 | | | | | | |
|-----------------------------|-----------------------------|----------------|-------------|------------------------------|---|-----------------------------|
| | Exhibit Name | Rule# or Page# | Rate Action | Previous State Filing Number | Attachments | |
| Delete | Rate/Rule Schedule Document | 26 | New | | * Rate Filing.docx Delete | Attach File |

Document Name:

Rule # or Page #:

Comment:

Rate Action:

[Add Rate/Rule](#)

[<- Prev](#) [Next ->](#) [Save Draft](#)

Click the **Attach File** button to add your rate/rule document.

NOTE: You can enter more than one rate/rule on the Rate/Rule schedule. Only one document can be attached for each rate/rule scheduled.

Step 8: Filing Fees

The **Filing Fees** sub-tab provides you with a link to **LDI Directive 168**, which provides fee information, an **Add Fee Calculation** button, and fields to enter payment information.

Step 7 of 7

Filing Fees

Fees are \$100 per product, per insurance company; \$25 per endorsement filing, per insurance company; \$20 per filing adoption of each advisory organization's reference or item filing (designation number), per insurance company. (See [LDI Directive 168](#))

Please note: Declaration page filings are considered products, and application filings are considered endorsement filings.

Please be advised, each box must be completed and the filing submitted before you will be given the ability to print the invoice. The invoice should be included with your filing fee check.

Fee Calculation Attachment

[Add Fee Calculation](#)

Company Issuing Check:

Check Number:

Check Amount:

Date of Check:

Click the **LDI Directive 168** link to access more information about filing fees.

Click the **Add Fee Calculation** button to attach any fee calculation attachments (does not apply to Health). This provides the Department with information to show how you calculated your fees. For example:

Number of Products: 2 stand alone products
Number of Companies: 2
Check Number: 12345
Amount: \$400.00
Calculation: 2 products (\$200) X 2 companies = \$400

The following fields are available in **Step 7: Filing Fees**:

| Field | Meaning |
|-----------------------|--|
| Company Issuing Check | Enter the name of the company that wrote the check to the Department of Insurance for the form filing. |
| Check Number | Enter the check number for the check issued for the form filing. |
| Check Amount | Enter the amount of money that the check was written for. |
| Check Date | Select the date the check was issued. |

After entering your information, click the **Add Check** button to add your payment and payment information.

NOTE: If necessary, more than one check can be added.

Click the **Submit** button when filing is complete and ready to be submitted.

Step 8 of 8

Filing Fees

All Health and Accident filings require a \$100 filing fee per product, per Regulation 78 . Medicare Supplement Exception: Multiple plans (i.e. Plans A-L) under one type of Medicare Supplement Benefit Plan may be filed as a single product, requiring one filing fee. (See [LDI Directive 168](#))


Please be advised, each box must be completed and the filing submitted before you will be given the ability to print the invoice. The invoice should be included with your filing fee check.

| Checks Added | | | | |
|---|-----------------------|--------------|--------------|------------|
| | Company Issuing Check | Check Number | Check Amount | Check Date |
| Delete Edit | Testing | 123456 | \$123.00 | 6/17/2008 |


Company Issuing Check:

Check Number:

Check Amount:

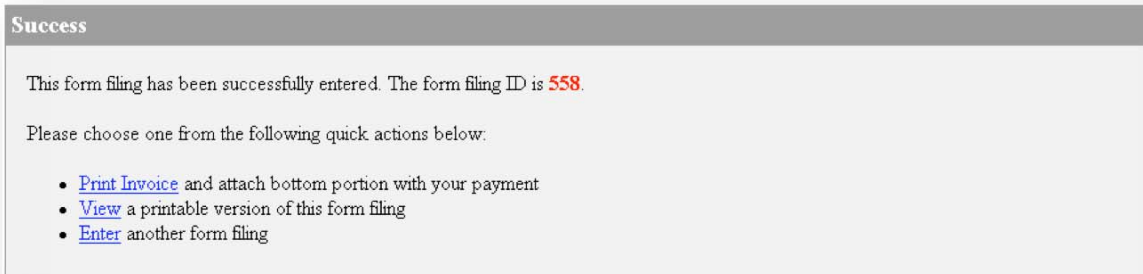
Date of Check: 

Click the **Submit** button



The Success page

The **Success** page provides you with your form filing ID, and links to print an invoice, print your filing summary, and/or enter a new form filing.



Success

This form filing has been successfully entered. The form filing ID is **558**.

Please choose one from the following quick actions below:

- [Print Invoice](#) and attach bottom portion with your payment
- [View](#) a printable version of this form filing
- [Enter](#) another form filing

To print an invoice, note your **Form Filing ID** and click the **Print an Invoice** link.

On your **Printed Invoice**, cut the indicated line, and mail the bottom portion with your payment.

LDI Form Filing #583
 6/23/2008

Mr. Test Testman
 Test company
 12345 Teststreet
 Baton Rouge, LA 12323-343

Filing Status: Pending
Disposition
Disposition Reason:
Assigned Examiner(s):
Associated Rate/Rule Filing ID:
Division: Health
Program Name: Test
Program Number: 12334
Filing Type: Form/Rate (Complete Filing)

| Company Issuing Check | Check Number | Check Date | Check Amount |
|-----------------------|--------------|------------|-----------------|
| Testing | 123456 | 06/17/2008 | \$123.00 |
| Total: | | | \$123.00 |

Company

| License Type | LDI Company Id | NAIC Id | Company Name | For/Dom |
|--------------|----------------|---------|--|---------|
| MNRO | 7525 | NA7525 | Davis Vision, Inc. | FOR |
| Insurer | 1548 | 10113 | TERRA INSURANCE CO.-A RISK RETENTION GROUP | FOR |

Coverage Type

| Type of Insurance | Sub-Type | Marketing Type | Product Type | Sub-Product Type |
|---------------------------|--------------------------|------------------------------|--------------|------------------|
| HEALTH MAINTENANCE ORG | ASSN GRP/ EMP MBR-HMO | HMO/NETWORK ONLY-ANY SIZE | | |

Cut here and return bottom portion with your payment

Filing ID: 583
LDI Company ID: 7525
Division: Health
Company Name: Davis Vision, Inc.

Cut along
this line.

Make checks payable to:
 Louisiana Department of Insurance
 P.O. Box 94214
 Baton Rouge, LA 70804-9214

| Company Issuing Check | Check Number | Check Date | Check Amount |
|-----------------------|--------------|------------|-----------------|
| Testing | 123456 | 06/17/2008 | \$123.00 |
| Total: | | | \$123.00 |

Quick Reference: To Create a Form Filing

1. Click the **Enter a New Form Filing** tab.
2. **Step 1: Create a Filing** will appear.
3. Select a **Business type**.
4. Enter or select the appropriate information from the other fields.

NOTE: Required fields will be marked with a **Red Asterisk (*)**.

5. Click the **Save Coverage Type** button.

NOTE: Coverage Types are based on the Louisiana Department of Insurance Product Filing Matrix (<http://www.lidi.louisiana.gov/ldipolicymatrix>). To select a coverage type, first select **Type of Insurance**. Next, select **Sub-Type of Insurance**. Select a **Marketing Type**, **Product Type**, and **Sub-Product Type**, if necessary.

NOTE: Depending on the **Business Type** you selected, you may be able to add more than one coverage type for a filing.

6. Select your filing type(s).
7. Click **Next**.
8. **Step 2: Contact** will appear.
9. Enter or select the appropriate information.

NOTE: Required fields will be marked with a **Red Asterisk (*)**.

10. Click **Save Contact**.

NOTE: You can add more than one contact.

11. Click **Next**.
12. **Step 3: Companies** will appear.
13. Select your company type and enter an LDI Number, NAIC ID or partial Company name to search for a company.
14. Enter an **LDI Number**, **NAIC ID** or partial **Company** name to search for a company.
15. Select a company from the results in the drop-down list.
16. Click **Add Company**.
17. Click **Next**.
18. **Step 4: Filing Description** will appear.
19. Enter a filing description in the text editor.

NOTE: The text should be similar to the body of the cover letter.

20. Enter or select the appropriate information from the fields below the text editor.
21. Use the text editing toolbar to format the response.

NOTE: A spellchecker is one of the tools provided.

22. Click **Next**.
23. **Step 5: Supporting Documents** will appear.
24. Click **Expand All** or the + next to a category name to expand the category.
25. Click the **Attach Files** link in the appropriate category.
26. Click **Select**.
27. Browse to the appropriate file and click **Open**.
28. Repeat steps twenty-five through twenty-seven until all documents have been selected for that category.
29. Click **Attach Files**.
30. Repeat steps twenty-four through twenty-nine until documents have been attached to all appropriate categories.
31. On the **Supporting Documentation** page, you can also attach **Miscellaneous Documents**.
32. Select the **Document Type** from the drop-down box.
33. Enter the **Document Name** and **Document Number**.
34. Click **Add Document**.
35. Click the **Attach** link.
36. Click **Select**.
37. Browse to the appropriate file and click **Open**.
38. Repeat steps thirty-five through thirty-seven until documents have been attached for that category.
39. Click **Attach Files**.
40. Repeat steps thirty-two through thirty-nine until documents have been attached to all appropriate categories.
41. Click **Next**.
42. **Step 6: Form Schedule** may appear.
43. Select the appropriate form type, number, and action.
44. Click **Add Form**.
45. Click **Attach File** to attach the appropriate form.
46. Click **Select**.
47. Browse to the appropriate file and click **Open**.
48. Click **Attach**.

NOTE: You can add more than one form.

49. Click **Next**.
50. **Step 7: Add Rate/Rule** may appear (does not apply to P&C)
51. Enter or select the appropriate information.
52. Click **Add Rate/Rule**.

53. Click **Attach File** to attach any necessary forms.
54. Click **Select**.
55. Browse to the appropriate file and click **Open**.
56. Click **Attach File**.

NOTE: You can add more than one rate/rule schedule.

57. Click **Next**.
58. **Step 8: Filing Fees** will appear.
59. Enter or select the appropriate information.
60. Click **Submit**.
61. The **Success** confirmation will appear.
62. Note your **Form Filing ID** and click the **Print an Invoice** link.
63. On your **Printed Invoice**, cut the indicated line, and mail the bottom portion with your payment.
64. On the **Success** confirmation page, you can click the appropriate links to **View** a printable summary of your filing or **Enter** a new form filing, if necessary.
65. When you are finished, click the **Logout** link.

The View Form Filing tab

The **View Form Filing** tab displays all the information about a form filing. To access the **View Form Filing** tab and search for a filing, click the **View Form Filing** tab. To access the **View Form Filing** tab for a specific filing, click the **View** link on the **Form Filing List** tab.

The screenshot displays the 'View Form Filing' tab within the CRAFT Industry Portal. The header includes the Louisiana Department of Insurance logo and the text 'This is a Test Company Test, Bob'. Navigation links include 'Return to Industry Access', 'P & C Rates', 'Complaints', 'Forms', and 'View Another Company'. The main content area is divided into sub-tabs: 'General', 'Contacts', 'Companies', 'Filing Desc', 'Supporting Docs', 'Form Schedule', 'Rate Schedule', 'Filing Fees', 'Correspondence', and 'PDF'. The 'General' sub-tab is active, showing details for a form filing with ID 610, submitted on 9/9/2008, with a status of 'Pending'. It also displays the submission method as 'Online' and the business type as 'Health'. A table below shows the 'Type of Insurance' as 'EXCESS STOP-LOSS' and the 'Sub-Type of Insurance' as 'PROVIDER-MANAGED CARE'. At the bottom, there are radio buttons for 'Filing Type(s)', with 'Form/Rate (Complete Filing)' selected.

| Type of Insurance | Sub-Type of Insurance | Marketing Type | Product Type | Sub-Product Type |
|-------------------|-----------------------|----------------|--------------|------------------|
| EXCESS STOP-LOSS | PROVIDER-MANAGED CARE | | | |

Filing Type(s):

- ☒ Form/Rate (Complete Filing)
- ☐ Rate
- ☐ Form (Exceptions to Complete Filing)
- ☐ Informational
- ☐ Endorsement/Rider/Amendments
- ☐ Advertising
- ☐ Applications

The **Main Body** of the **View Form Filing** tab displays sub-tabs containing information about the form filing.

The General sub-tab

The **General** sub-tab allows you to view general information about the Form Filing.

NOTE: A company is not allowed to edit a filing after it has been submitted, unless an objection has been sent to the company. In addition, the current objection system does not allow for the filer to change any portion of the filing. They must relay any corrections to the examiner assigned to the filing through a response to an objection or through correspondence.

General | Contacts | Companies | Filing Desc | Supporting Docs | Form Schedule | Rate Schedule | Filing Fees | Correspondence | PDF

Assigned Reviewer(s): Submittal Date: 9/9/2008
 Form Filing ID: 610 Received Date:
 Associated Rate/Rule Filing ID: Close Date:
 Filing Status: Pending Disposition:
 Status Reason: Disposition Reason:
 SERFF Tracking Number: Next Recur Date: 10/9/2008
 Submission Method: Online Legacy ID:
 Business Type: Health Legacy Coverage Type:
 Program Name/Product Market Name:
 Program Number/Company Tracking Number:

| Type of Insurance | Sub-Type of Insurance | Marketing Type | Product Type | Sub-Product Type |
|-------------------|-----------------------|----------------|--------------|------------------|
| EXCESS STOP-LOSS | PROVIDER-MANAGED CARE | | | |

Filing Type(s):

- ☒ Form/Rate (Complete Filing)
- ☐ Form (Exceptions to Complete Filing)
- ☐ Endorsement/Rider/Amendments
- ☐ Applications
- ☐ Rate
- ☐ Informational
- ☐ Advertising

The following information may be displayed on the **General** sub-tab:

| Field | Meaning |
|---------------------------|---|
| Assigned Reviewer(s): | Read-Only. Displays the name of the reviewer assigned and currently working the form filing. |
| Form Filing ID | Read-Only. Displays a unique identification number for a form filing. |
| Associated Rate Filing ID | Read-Only. Displays the identification number of a rate associated with the form filing. |
| Filing Status | Read-Only. Displays a filing status for the form filing. |

| | |
|--|---|
| | Options are: <ul style="list-style-type: none"> • Pending • Closed |
| Status Reason | Read-Only. Displays the reason the form filing has been assigned its current status. Options may include: <ul style="list-style-type: none"> • Awaiting Other Info • Industry Response • No Action Required • Pending Amendment to C of A • Pending C of A • Pending Department Review • Pending Fees/Addtl Fees • Under Supervisor Review |
| SERFF Tracking Number | Read-Only. Displays the Number used by the SERFF system to track the form filing. |
| Submission Method | Read-Only. Displays how the form filing was submitted to the Department of Insurance. Options are: <ul style="list-style-type: none"> • Online • Paper • SERFF |
| Business Type | Read-Only. Displays the type of insurance company. Options are: <ul style="list-style-type: none"> • Health • Life/Annuity/Long Term Care • Property & Casualty |
| Program Name/Product Market Name | Read-Only. Displays the company's program name. For example, Medicare Supplement Advertising or Classic Auto Program. |
| Program Number/Company Tracking Number | Read-Only. Displays the company's tracking number. |
| Submitted Date | Read-Only. Displays the date and time that the form filing was submitted to the Department of Insurance. |
| Received Date | Read-Only. Displays the date that the form filing was received by the Department of Insurance. |
| Close Date | Read-Only. Displays the date and time that the form filing was closed by the Department of Insurance. |
| Disposition | Read-Only. Displays the action taken on the form filing. Dispositions may include: <ul style="list-style-type: none"> • Accepted/Filed • Acknowledged/Info • Adoption • Approval Rescinded • Approved • Approved W/Revisions • C of A Disapproved |

| | |
|-------------------------|--|
| | <ul style="list-style-type: none"> • Certified Approval • Conditional Approval • Deemed • Delay Adoption • Disapproved • Disclosure Acknowledged • Filing Rejected • Insufficient Fee • No Action Required • Non-Adoption • Not Accepted • Partially Approved • Receipt Acknowledged • Withdrawn |
| Disposition Reason | Read-Only. Displays the reason that the disposition was assigned. Options may include: <ul style="list-style-type: none"> • Fees Not Received • Final Printed Forms • Incomplete Filing • No Response • Non-Compliance Law • Not In Public Interest |
| Next Recur Date | Read-Only. Displays the date that the next action will need to be performed by the company. |
| Legacy ID | Read-Only. Displays the number of the Legacy ID. |
| Legacy ID Coverage Type | Read-Only. Displays the Legacy ID Coverage Type. |
| Type of Insurance | Read-Only. Displays the type of insurance for the form filing. |
| Sub-Type of Insurance | Read-Only. Displays the sub-type of insurance. |
| Marketing Type | Read-Only. Displays the type of marketing. |
| Product Type | Read-Only. Displays the type of product. |
| Sub-Product Type | Read-Only. Displays the type of sub-product. |
| Filing Type(s) | Displays the filing type. Options are: <ul style="list-style-type: none"> • Form/Rate (Complete Filing) • Form (Exceptions to Complete Filing) • Endorsement/Rider/Amendments • Applications • Rate • Informational • Advertising |

The Contacts sub-tab

The **Contacts** sub-tab consists of three parts: a **Contact** table, a **Contact Details** box, and an **Add Contact** button.

The **Contact** table allows you to view, edit, and delete contact information. You can select a contact in this table to select what information you will see in the **Contact Details** box.

The **Details** box displays the information that has been entered for a contact.

| Contact Type | Last Name | First Name | E-Mail | Edit | Delete |
|--------------|-----------|------------|--|----------------------|------------------------|
| Filer | sadsafa | sadfasf | 2342@fsfds.com | Edit | Delete |
| Filer | Testman | Test | test@testmail.com | Edit | Delete |

[Add Contact](#)

Details:

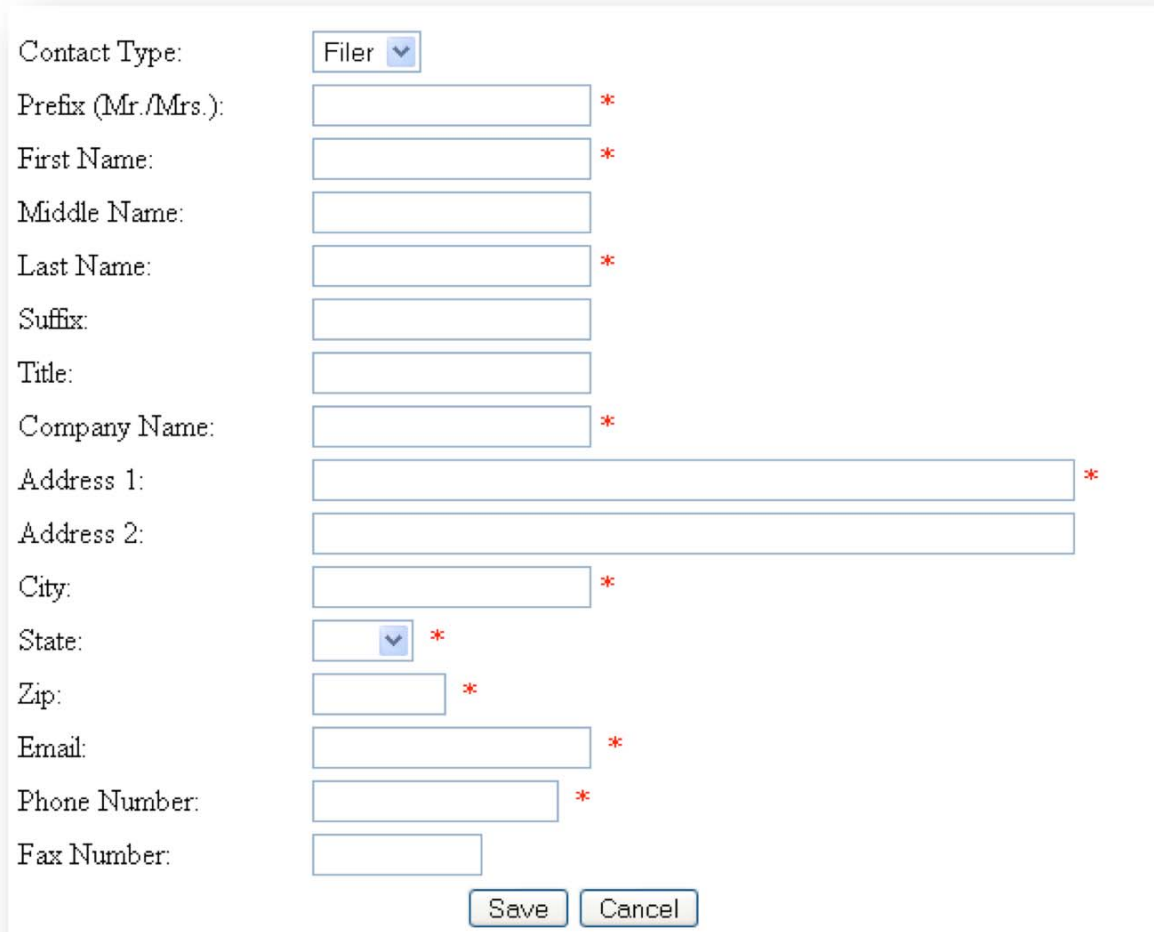
You can click the **Add Contact** button to bring up the **Add/Edit Contact** form where you can add contact information.

The **Contact** table displays the following information and provides the following links:

| Field | Meaning |
|--------------|--|
| Contact Type | Read-Only. Displays type of contact. Options are: <ul style="list-style-type: none"> Filer |
| Last Name | Read-Only. Displays the last name of the contact. |
| First Name | Read-Only. Displays the first name of the contact. |
| Edit | Click to bring up the Add/Edit Contact form in order to edit the contact information displayed in the Details box. |
| Delete | Click to delete the contact. |

NOTE: At least one contact must be entered in order for your company to receive correspondence regarding your form filing.

The **Add/Edit Contact** form will appear when you click the **Edit** link in the **Contact** table or the **Add Contact** button.



The form is titled "Add/Edit Contact" and contains the following fields and controls:

- Contact Type:** A dropdown menu with "Filer" selected.
- Prefix (Mr./Mrs.):** A text input field with a red asterisk indicating it is required.
- First Name:** A text input field with a red asterisk indicating it is required.
- Middle Name:** A text input field.
- Last Name:** A text input field with a red asterisk indicating it is required.
- Suffix:** A text input field.
- Title:** A text input field.
- Company Name:** A text input field with a red asterisk indicating it is required.
- Address 1:** A text input field with a red asterisk indicating it is required.
- Address 2:** A text input field.
- City:** A text input field with a red asterisk indicating it is required.
- State:** A dropdown menu with a red asterisk indicating it is required.
- Zip:** A text input field with a red asterisk indicating it is required.
- Email:** A text input field with a red asterisk indicating it is required.
- Phone Number:** A text input field with a red asterisk indicating it is required.
- Fax Number:** A text input field.

At the bottom right of the form are two buttons: "Save" and "Cancel".

The **Add/Edit Contact** form allows you to enter the following information:

| Field | Meaning |
|--------------|--|
| Contact Type | Read-Only. Filer is currently the only available contact type and will be pre-selected for you. |
| Prefix | Required. Enter the prefix of the contact's name. For example, Mr., Mrs., Dr. |
| First Name | Required. Enter the first name of the contact. |
| Middle Name | Enter the middle name of the contact. |
| Last Name | Required. Enter the last name of the contact. |
| Suffix | Enter the suffix of the contact's name. For example, Jr. or IV. |
| Title | Enter the title for the position of the contact for the company. |
| Company Name | Required. Enter the name of the company the contact is associated with. |
| Address 1 | Required. Enter the first line of the contact's address. |
| Address 2 | Enter the second line of the contact's address, if applicable. |
| City | Required. Enter the city of the contact's address. |
| State | Required. Select the state of the contact's address from the drop-down box. |
| Zip | Required. Enter the zip code/postal code of the contact's address. |
| E-mail | Required. Displays the contact's e-mail address. |
| Phone Number | Required. Displays the contact's phone number. |
| Fax Number | Enter the contact's fax number. |

The Companies sub-tab

The **Companies** sub-tab consists of four parts, a **Company** table, a **Company Details** table, an **Insurance Lines** table, and a **License Types** table.

| Company Type | LDI Company # | NAIC ID | Company Name |
|--------------|---------------|---------|------------------------|
| Insurer | 7557 | NA7557 | This is a Test Company |

Details:

Company Name: This is a Test Company
Classification: FIRE AND CASUALTY
Status Type: ACTIVE

NAIC Group Code:
Domicile State: LA
Foreign/Domestic: FOR

Insurance Lines

| Insurance Line | Date Licensed |
|---------------------|---------------|
| Health and Accident | 2/2/2006 |
| Vehicle | 2/2/2006 |

License Types

| License Type | Date Licensed | Status | Date Inactive |
|------------------|---------------|----------|---------------|
| Admitted Insurer | 1/1/2005 | Active | |
| CE Provider | 3/30/2007 | Inactive | |
| Risk Purchasing | 2/26/2003 | Active | |

The **Company** table displays general company information, while the majority of the information is displayed in the other three tables.

The **Company** table displays the following information:

| Field | Meaning |
|---------------|--|
| Company Type | Read-Only. Displays the type of company from the drop-down box. Options are: <ul style="list-style-type: none"> • Insurer • MNRO • Third Party Administrator |
| LDI Company # | Read-Only. Displays the number assigned to the company by the Louisiana Department of Insurance. |
| NAIC ID | Read-Only. Displays the number assigned to the company by the National Association of Insurance Commissioners. |
| Company Name | Read-Only. Displays the name the company has filed with the Louisiana Department of Insurance. |

The **Company Details** table displays the following information:

| Field | Meaning |
|------------------|---|
| Company Name | Read-Only. Displays the name the company has filed with the Louisiana Department of Insurance. |
| Classification | Read-Only. Displays the classification of insurance. |
| Status Type | Read-Only. Displays whether the company is active or inactive. |
| NAIC Group Code | Read-Only. Displays the group code established by the NAIC. |
| Domicile State | Read-Only. Displays the state the company is located in. |
| Foreign/Domestic | Read-Only. Identifies if the company is foreign or domestic. |

The **Company Details** table displays the following information:

| Field | Meaning |
|----------------|---|
| Insurance Line | Read-Only. Displays the line of insurance. |
| Date Licensed | Read-Only. Displays the date the company was licensed. |

The **Company Details** table displays the following information:

| Field | Meaning |
|---------------|---|
| License Type | Read-Only. Displays the type of license. Options are: <ul style="list-style-type: none">• Admitted Insurer• CE Provider• Risk Purchasing |
| Date Licensed | Read-Only. Displays the date the company was licensed. |
| Status | Read-Only. Displays whether the license type is active or inactive. |
| Date Inactive | Read-Only. If the license type is inactive, this displays the date that it became inactive. |

The Filing Desc sub-tab

The **Filing Desc** sub-tab displays the company's description of the filing.

Filing Description: This area should be similar to the body of the cover letter.

Effective Date Requested(New):

Effective Date Requested(Renewal):

Status of Filing in Domicile:

| Field | Meaning |
|------------------------------------|--|
| Effective Date Requested (New) | <p>Read-Only. Displays the implementation date for new business.</p> <p>NOTE: Once your form has been submitted, you will not be able to change this date. To change this date, you will need to submit a request to the Department of Insurance through Correspondence.</p> |
| Effective Date Requested (Renewal) | <p>Read-Only. Displays the implementation date for renewal business.</p> <p>NOTE: Once your form has been submitted, you will not be able to change this date. To change this date, you will need to submit a request to the Department of Insurance through Correspondence.</p> |
| Status of Filing in Domicile | <p>Read-Only. Displays the status of the form filing in your home state. Options are:</p> <ul style="list-style-type: none"> • Authorized/Approved • Disapproved • Not Filed • Pending |

The Supporting Docs sub-tab

The **Supporting Docs** sub-tab allows you to view all supporting documents attached to the form filing. It is divided into two sections: **Documents** and **Confidential Documents**.

The screenshot shows the 'Supporting Docs' sub-tab selected in a navigation bar. Below the navigation bar are two buttons: 'Expand All' and 'Collapse All'. Under these buttons, there are two expandable sections, each with a plus icon and a title: 'Name: Certification of Compliance *' and 'Name: Statement of Compliance *'. Below these sections is a large text area containing two paragraphs of text. The first paragraph is for 'Health and Accident & Life/Annuity/Long Term Care' and the second is for 'Property & Casualty'. Below the text area is a message box that says 'There are no miscellaneous documents for this filing.' At the bottom, there is a section titled 'Confidential Documents' with three sub-tabs: 'Attachment', 'Attached By', and 'Date Attached'.

General Contacts Companies Filing Desc **Supporting Docs** Form Schedule Rate Schedule Filing Fees Correspondence PDF

Expand All Collapse All

+ Name: Certification of Compliance *

+ Name: Statement of Compliance *

Health and Accident & Life/Annuity/Long Term Care - Documents may include, but are not limited to, red-lined copies of forms, copies of previously approved forms submitted only in conjunction with the filing of riders, amendments and endorsements, copies of related approval letters, trust documents, association's constitution, by-laws, association brochure, etc. NOTE - Previously approved forms, submitted in conjunction with a complete filing, must be attached under the "form schedule" section.

Property & Casualty - Documents may include, but are not limited to, marked-up copies of forms, side-by-side comparisons, copies of previously approved forms, and/or copies of related approval letters.

There are no miscellaneous documents for this filing.

Confidential Documents

Attachment Attached By Date Attached

The **Documents** section contains two buttons and four document categories:

The **Expand All** button will open all four categories to display all non-confidential documents attached to the form filing.

The **Collapse All** button will close all four categories so that only their titles are visible. All four categories are closed or collapsed by default. To expand a single category, click the + next to its name.

When expanded, each category will display a description of the category, links to any downloadable files, and links to any attached files.

The following categories are available for different types of documents:

| Category | Description |
|-----------------------------|---|
| Certification of Compliance | <p>A completed Certification of Compliance must be included for each product filed for Certified Approval. Products that are required to be or may be certified are outlined in the Product Filing Matrix.</p> <p>NOTE: The Statement of Compliance is a separate form that must be completed and submitted for all products filed for approval.</p> |
| Explanatory Memorandum | <p>A detailed explanation of form filing and individual forms submitted. This should include an explanation of any rate/rule impact, with a copy of any rate/rule approval letters issued by the Department; if none, so state.</p> |
| Statement of Compliance | <p>A completed Statement of Compliance must be submitted for each product filed. This form details the requirements specific to a particular form of coverage and contract type.</p> <p>NOTE: The Certification of Compliance is a separate form that is submitted along with the Statement of Compliance for certain products that are required to be or may be certified as outlined in the Product Filing Matrix.</p> |
| Compliance Affidavit | <p>Health & Accident and Life/Annuity/Long Term Care: The Compliance Affidavit is a form prescribed by the department that must be completed by the filer when filing amendatory riders or endorsements, affirming that the insurance product to be amended by the rider or endorsement is fully compliant with all pertinent statutes and regulations.</p> |
| Miscellaneous Documents | <p>Health & Accident and Life/Annuity/Long Term Care: Documents may include but are not limited to, red-lined copies of forms, copies of previously approved forms submitted only in conjunction with the filing of riders, amendments and endorsements, copies of related approval letters, trust documents, association's constitution, by-laws, association brochure, etc.</p> <p>NOTE: Previously approved forms, submitted in conjunction with a complete filing, must be attached under the "form schedule" section.</p> <p>Property & Casualty: Documents may include, but are not limited to, marked-up copies of forms, side-by-side comparisons, copies of previously approved forms, and/or copies of related approval letters.</p> |

The following fields are available for **Miscellaneous Documents**:

| Category | Description |
|-----------------|---|
| Document Type | Select the type of document from the drop-down box. Options are: <ul style="list-style-type: none">• Actuarial Memorandum – Life & Annuity• Association Document• Cover Letter• Grievance Procedures – Medicare Select• Informational• Multiple Policy Reports – Medicare Supplement• Previously Approved Forms• Red Lined Document• Related Approval Letters• Statement of Variability• Trust Document |
| Document Name | Enter the name of the document. |
| Document Number | Enter the number of the document. |

The **Miscellaneous Documents** section displays the Status, Form Name, Form Number, and Form Type of the document.

The **Confidential Documents** section displays any supporting documentation that is not available to the public. For each document, a link to the attachment, the name of the individual that attached the document, and the date the document was attached will be displayed.

The Form Schedule sub-tab

The **Form Schedule** sub-tab displays all forms currently included in your filing.

| General Contacts Companies Filing Desc Supporting Docs Form Schedule Rate Schedule Filing Fees Correspondence PDF | | | | | |
|--|----------------------|-------------|----------------------|----------------|--|
| Form Name | Form Type | Action | Replaced Form Number | Previous LDI # | Attachments |
| | Certificate | New | | | |
| | Schedule of Benefits | New | | | |
| | Enrollment Form | New | | | attachment1.doc attachment1.doc |
| | Schedule of Benefits | Replacement | 123wsw | 2334 | |
| | Schedule of Benefits | New | | | |

The following information can be displayed on the **Form Schedule** sub-tab:

| Field | Meaning |
|----------------------|--|
| Form Name | Read-Only. Displays the name of the scheduled form. |
| Form Type | Read-Only. Displays the type of form scheduled. Options include: <ul style="list-style-type: none"> • Certificate • Schedule of Benefits • Enrollment Form |
| Action | Read-Only. Displays whether the form is new or a replacement form. |
| Replaced Form Number | Read-Only. Displays the identification number of the form that is being replaced. |
| Previous LDI # | Read-Only. Displays the filing identification number assigned to the form that is being replaced by the Louisiana Department of Insurance. |
| Attachments | Click the links to view attachments associated with the form. |

The Rate Schedule sub-tab

The **Rate Schedule** sub-tab displays all rates currently included in your filing.

NOTE: The tab will not be available or may be different for certain Business Types.

| General | Contacts | Companies | Filing Desc | Supporting Docs | Form Schedule | Rate Schedule | Filing Fees | Correspondence | PDF |
|-----------------------------------|----------------|-------------|------------------------------|---------------------------------|---------------|---------------|-------------|----------------|-----|
| Exhibit Name | Rule# or Page# | Rate Action | Previous State Filing Number | Attachments | | | | | |
| mistery | 123 | Replacement | fsdfsd | | | | | | |
| Doc Name Hello there Mister | 112 | New | 123 | | | | | | |
| Huy | 123 | New | | | | | | | |
| doc name123 | 123 | New | | | | | | | |
| dgdgdsf | 3423342 | New | | attachment2.doc | | | | | |

The following information can be displayed on the **Rate Schedule** sub-tab:

| Field | Meaning |
|------------------------------|--|
| Exhibit Name | Read-Only. Displays the name of the rate exhibit. |
| Rule # or Page # | Read-Only. Displays the identification number of the rule associated with the rate or the page number of the exhibit item associated with the rate. |
| Rate Action | Read-Only. Displays whether the rate is new or a replacement. |
| Previous State Filing Number | Read-Only. Displays the identification number assigned to a rate previously filed by the state. |
| Attachments | Click the links to view attachments associated with the rate. |

The Filing Fees sub-tab

The **Filing Fees** sub-tab provides you with a link to **LDI Directive 168**, which provides fee information, a **Print Invoice** button, and a **Checks Added** section.

| Company Issuing Check | Check Number | Check Amount | Check Date |
|-----------------------|--------------|--------------|------------|
| 7557 | 0000 | \$1,000.00 | 7/4/2007 |

Click the **LDI Directive 168** link to access more information about filing fees.

Click the **Print Invoice** button to print an invoice for any form filing payments owed. The top portion of the invoice is for your record and the bottom should be included with your payment.

The **Checks Added** section displays information about all the payments made by your company for the selected form filing.

| Field | Meaning |
|-----------------------|---|
| Company Issuing Check | Read-Only. Displays the name of the company that wrote the check to the Department of Insurance for the form filing. |
| Check Number | Read-Only. Displays the check number for the check issued for the form filing. |
| Check Amount | Read-Only. Displays the amount of money that the check was written for. |
| Check Date | Read-Only. Displays the date the check was issued. |

The Correspondence sub-tab

The **Correspondence** sub-tab allows you to view all communications associated with the form filing.

The screenshot shows the 'Correspondence' sub-tab selected. At the top, there are tabs for General, Contacts, Companies, Filing Desc, Supporting Docs, Form Schedule, Rate Schedule, Filing Fees, Correspondence, and PDF. Below the tabs are two buttons: 'Expand All' and 'Collapse All'. Under these buttons are three expandable categories, each with a plus icon: 'Objection Letters', 'Disposition Letters', and 'Correspondence'.

Two buttons and three correspondence categories have been provided:

The **Expand All** button will open all three categories to display all correspondence associated with the form filing.

The **Collapse All** button will close all three categories so that only their titles are visible.

All three categories are closed or collapsed by default. To expand a single category, click the + next to its name.

The screenshot shows the 'Correspondence' sub-tab with the 'Disposition Letters' category expanded. Above the table are the 'Expand All' and 'Collapse All' buttons. The table has four columns: 'Created By', 'Created On', 'Date Submitted', and 'View'. There are two rows of data.

| Created By | Created On | Date Submitted | View |
|------------|----------------------|---------------------|----------------------|
| LDI\hta | 8/27/2007 2:46:37 PM | 9/6/2007 5:53:57 PM | View |
| LDI\hta | 8/28/2007 7:59:10 PM | 9/6/2007 5:53:12 PM | View |

Below the table is the 'Correspondence' category, which is currently collapsed.

Within the Letter categories, the following information can be displayed:

| Field | Meaning |
|----------------|--|
| Created By | Read-Only. Displays the name of the individual that logged the correspondence. |
| Created On | Read-Only. Displays the date and time that the correspondence was logged. |
| Date Submitted | Read-Only. Displays the time and date the correspondence was submitted to the Department of Insurance |
| View | Click to view the correspondence. |

Click the **View** link to access an Objection Letter or a Disposition Letter.



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON, COMMISSIONER

P.O. BOX 94214
BATON ROUGE, LOUISIANA 70804-9214
PHONE (225) 342-8900
FAX (225) 342-3078
<http://www.ldi.la.gov>

June 22, 2009

Ms Sarah Smith
1830 Easy Street
Baton Rouge, LA 70816
RE: **SARAH SMITH INSURANCE COMPANY**

Our Filing No.: 1234
Submittal Date: June 12, 2009
Form Number(s): COVERPAGE(LA)R, FSM- 3(09), DSM - 1(09), BSM - 1(09), ASM - 1(09)

Dear Ms Smith:

This will acknowledge receipt of and respond to the above captioned form filing.

In accordance with LSA- R.S. 22:861 and Regulation 78, the form(s) contained in this filing are granted final approval effective this date for use in the state of Louisiana. Approval is based on compliance with applicable laws in force at this time. Please be aware that any changes in applicable law will necessitate revision of the forms either by amendment or submittal of a new filing in accordance with our form filing requirements pursuant to Regulation 78.

Please see the attached Form Schedule for a detailed listing of the individual disposition from each component of this filing.

If included with your submittal, the duplicate set of the now approved forms is enclosed for your record.

Sincerely yours,

Huy Ta
Contractor, Quality Management
Insurance Contracts and Forms
Office of Health Insurance

| Item Type | Item Name | Item Description | Status |
|-----------|------------------------------------|------------------|----------|
| Form | Individual Contract-ASM-1(09) | | Approved |
| Form | Individual Contract-BSM-1(09) | | Approved |
| Form | Individual Contract-DSM-1(09) | | Approved |
| Form | Individual Contract-FSM-3(09) | | Approved |
| Form | Outline of Coverage-COVERPAGE(LA)R | | Approved |
| Rate | FSM-3(09) | | Approved |
| Rate | DSM-1(09) | | Approved |
| Rate | BSM-1(09) | | Approved |
| Rate | ASM-1(09) | | Approved |

To Respond to an Objection Letter

1. Click the **Respond** link to add a response to an Objection letter.

The screenshot shows the 'View Form Filing' interface with the 'Correspondence' tab selected. Under the 'Objection Letters' section, there is a table with columns: Created By, Created On, Date Submitted, and two empty columns for links. The first row shows an objection from 'LDI\hta' created on 11/28/2007, with a response submitted on 11/30/2007. A callout box with an arrow points to the 'Respond' link in the second column of this row.

| Created By | Created On | Date Submitted | | |
|---|-----------------------|------------------------|----------------------|-------------------------|
| LDI\hta | 11/28/2007 1:57:57 PM | 11/30/2007 2:03:23 PM | View | Respond |
| Company response submitted on 1/1/2008 12:00:00 AM by This is a Test Company (Sunderland, James) View | | | | |
| LDI\hta | 12/12/2007 6:52:20 PM | 1/30/2008 8:27:48 PM | View | Respond |
| Company response submitted on 1/30/2008 8:53:39 PM by This is a Test Company (Sunderland, James) View | | | | |
| LDI\hta | 12/27/2007 8:20:34 PM | 12/27/2007 10:17:45 PM | View | Respond |
| LDI\hta | 1/31/2008 11:53:20 AM | 1/31/2008 11:53:20 AM | View | Respond |
| Company response submitted on 1/31/2008 3:22:25 PM by This is a Test Company (Sunderland, James) View | | | | |

Below the table are links for **Disposition Letters** and **Correspondence**.

Click the **Respond link.**

2. Click the **View/Respond** link to view comments and to add a response to an Objection Letter.

The screenshot shows the 'Response Letter Wizard - Respond to Objections' interface. It displays a table with one objection and its response. The 'View/Respond' link is visible next to the response.

| Objections | | Viewing Results 1 to 1 of 1 | |
|-------------------|---|-----------------------------|------------------------------|
| Name of Objection | Comment | Company Response | |
| Huy objection | A. LRS 22:655B grants an injured person or his or her legal representative a right of direct action | This <u>is a test. This</u> | View/Respond |

At the bottom are buttons: < Prev, Next ->, Save Response Letter, and Cancel Wizard.

3. All logged comments will appear as well as a text editor box.
4. Type your response in the text editor dialog box.

Form Filing List Enter New Form Filing **View Form Filing** ?

General Contacts Companies Filing Desc Supporting Docs Form Schedule Rate Schedule Filing Fees Correspondence PDF

Step 1 of 2
Response Letter Wizard - Respond to Objections

| Objections | | Viewing Results 1 to 1 of 1 | |
|-------------------|---|-----------------------------|------------------------------|
| Name of Objection | Comment | Company Response | |
| Huy objection | A. LRS 22:655B grants an injured person or his or her legal representative a right of direct action | This <u>is a test. This</u> | View/Respond |

Objection

B *I* U ~~A~~ [Formatting icons] Normal Font Name Size A

A. LRS 22:655B grants an injured person or his or her legal representative a right of direct action against the insurer under liability coverage. A policy may not limit an injured party's right of direct action by allowing suit only once the amount of liability has been finally determined by trial or settlement. The Department has approved the following language: "A person or organization may bring a "suit" against us including, but not limited to a "suit" to recover on an agreed settlement or on a final judgment against an insured; but we will not be liable for damages that are not payable under the terms of the Coverage Part or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative." B. Inland Marine and Boiler and Machinery coverages are primarily first-party property coverage, but when there is coverage for the property of oth

Company Response

B *I* U ~~A~~ [Formatting icons] p Font Name Size A

This is a test. This

- THis is a test.
- sdfsdffs
- sdfsdffsfdsfadsfasdfasf

THis is a test

Save Response to this Objection Cancel

<- Prev Next -> Save Response Letter Cancel Wizard

5. Click the **Save Response to this Objection** button to save your response.

Within the Correspondence category, the following information can be displayed:

| Field | Meaning |
|---------------------|---|
| Correspondence Text | Read-Only. Displays the date and time that the correspondence was submitted to the Department of Insurance, the name of the individual that logged the correspondence, and the text of the correspondence. |
| Attachments | Click to view the attachments. |

To Add Correspondence

1. Click the Add Correspondence link to log any correspondence associated with the form filing.

NOTE: The correspondence field should be used in place of e-mails so that all correspondence can be tracked through CRAFT.

The screenshot shows the 'View Form Filing' window with the 'Correspondence' tab selected. A callout box points to the 'Add Correspondence' link. The window displays a list of correspondence entries, including one from 'This is a Test Company (Ladder, Jacob) (Industry)' and another from 'LDI\hta (LDI)'.

Form Filing List | Enter New Form Filing | **View Form Filing**

General | Contacts | Companies | Filing Desc | Supporting Docs | Form Schedule | Rate Schedule | Filing Fees | **Correspondence** | PDF

Expand All | Collapse All

[-] Objection Letters
[-] Disposition Letters
[-] Correspondence

[Add Correspondence](#) **Click the Add Correspondence link.** [Print](#)

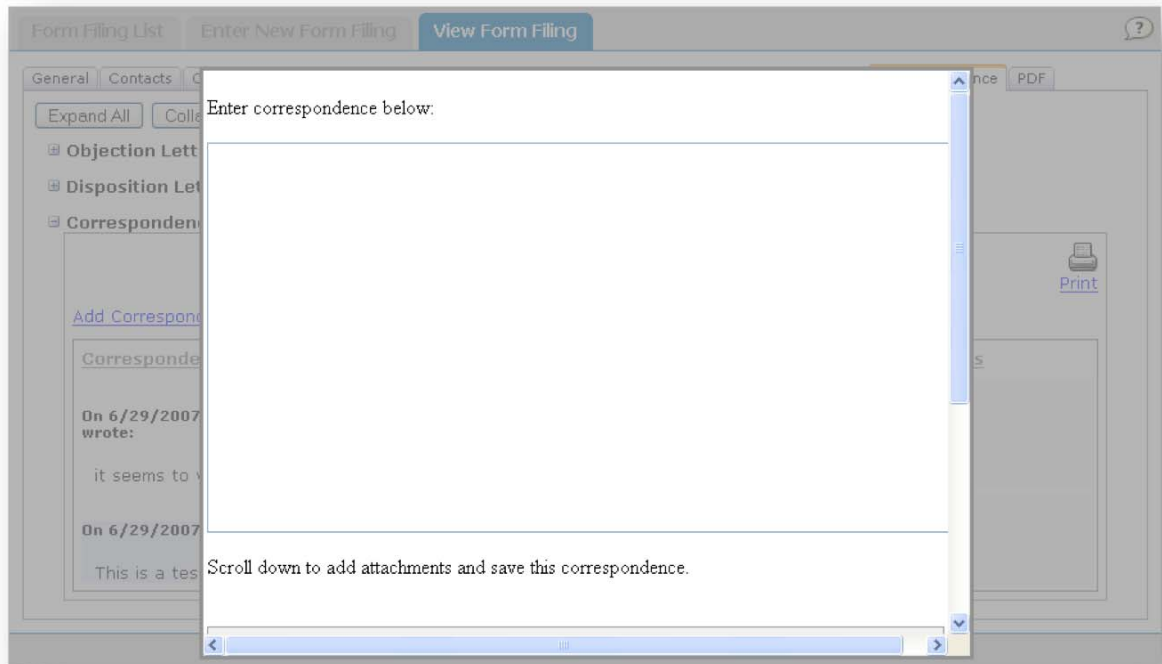
| Correspondence Text | Attachments |
|---|-------------|
| On 6/29/2007 10:49:41 PM, This is a Test Company (Ladder, Jacob) (Industry) wrote: it seems to work | |
| On 6/29/2007 8:52:11 PM, LDI\hta (LDI) wrote: This is a test of correspondence attachments. | |

2. A text editor dialog box will appear.
3. Type your response in the text editor dialog box.

NOTE: The response correspondence can be attached and not typed in the text editor dialogue box.

4. Use the text editing toolbar to format your response.

NOTE: A Spellchecker is one of the tools provided.

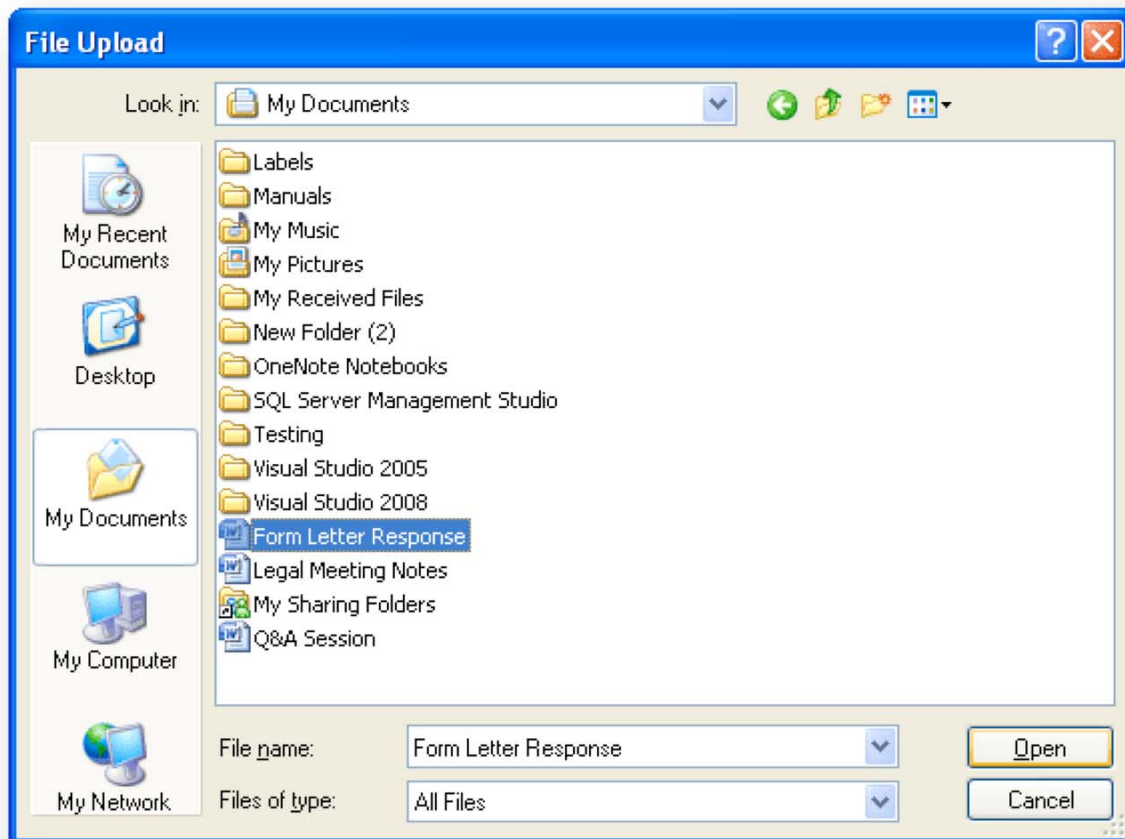


5. Scroll down to the **Add Attachments** area.
6. Click the **Select** button to add any related attachments to the correspondence.

The screenshot shows a web application window titled 'View Form Filing'. The window has a sidebar on the left with tabs for 'General', 'Contacts', and 'Correspondence'. The 'Correspondence' tab is active, showing a list of correspondence items. The main content area displays a form for adding attachments. The form has a title bar with 'Expand All' and 'Collapse All' buttons. Below the title bar, there is a section titled 'Add Correspondence' with a 'Correspondence' dropdown menu. The dropdown menu is open, showing a list of correspondence items. The selected item is 'On 6/29/2007 wrote: it seems to v'. Below the dropdown menu, there is a text area with the text 'On 6/29/2007 This is a tes'. To the right of the text area, there is a 'Print' button. Below the text area, there is a section titled 'Please attach any additional documents related to this correspondence here.' with four rows of input fields. Each row has a 'Select' button and a 'Clear' button. At the bottom of the form, there are 'Submit' and 'Cancel' buttons.

7. The **Choose file** dialog box will appear.
8. Browse to the file that you want to attach.
9. Select your file.
10. Click **Open**.

NOTE: You may attach up to four files to correspondence. Repeat steps 6-10 to add additional attachments.



11. Click **Submit**.

The screenshot shows the 'View Form Filing' window with the 'Add Correspondence' dialog box open. The dialog box contains the following text:

Scroll down to add attachments and save this correspondence.

Please attach any additional documents related to this correspondence here.

Below this text, there are four rows of file selection controls. Each row consists of a text input field, a 'Select' button, and a 'Clear' button. The first row shows 'C:\Documents and Settings' in the text field.

At the bottom of the dialog box, there are 'Submit' and 'Cancel' buttons.

12. Your response is complete and will display in the **Correspondence** group box.

The screenshot shows the 'View Form Filing' window with the 'Correspondence' group box expanded. The group box contains the following text:

[Add Correspondence](#)

Correspondence Text

On 7/17/2008 10:15:45 AM, This is a Test Company (Boutwell, Michael) (Industry) wrote:

This is a correspondence.

On 6/29/2007 10:49:41 PM, This is a Test Company (Ladder, Jacob) (Industry) wrote:

it seems to work

On 6/29/2007 8:52:11 PM, LDI\hta (LDI) wrote:

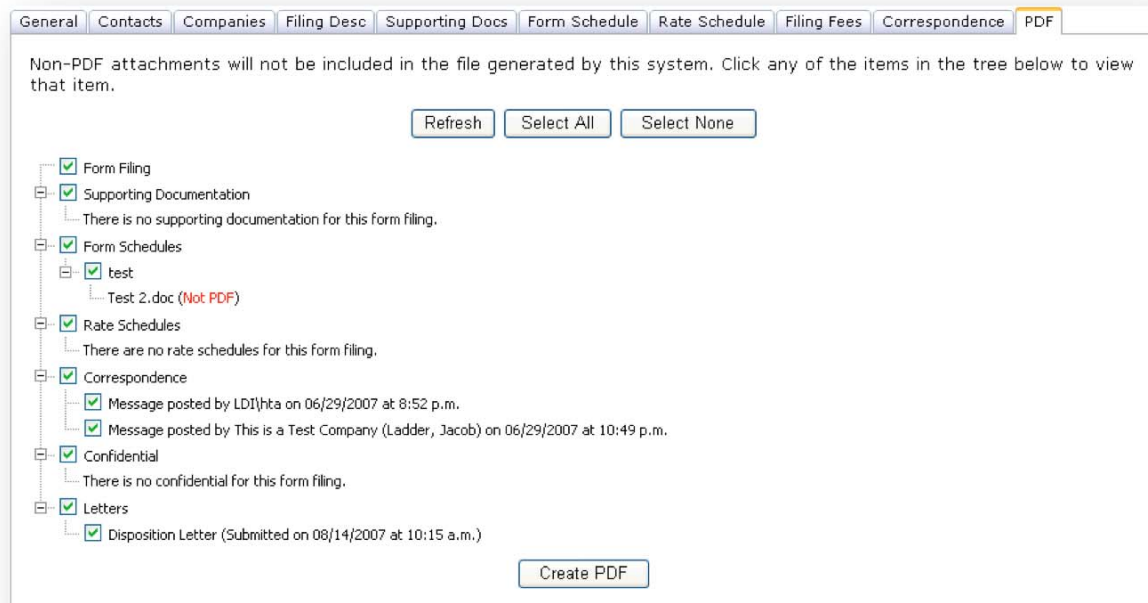
This is a test of correspondence attachments.

Attachments

[Form Letter Response.docx](#)

The PDF sub-tab

The **PDF** sub-tab allows you to select form filing information to export in PDF format.



The **PDF** sub-tab loads with four buttons and an outline of form filing information. When the **PDF** sub-tab displays, all items in the outline are selected for PDF export.

Click the **Refresh** button to clear all of your selections and return the outline to the default state where all items are selected.

Click the **Select All** button to select all items in the outline.

Click the **Select None** button to deselect all items.

Click the **Create PDF** button to export all your selections to PDF format.

NOTE: Non-PDF attachments will not be included in the file generated by the system.

In the outline, you can select the checkbox next to any item to include it in the PDF export. Deselect the checkbox for any item that you do not want included.

NOTE: To view a PDF, download the latest viewer from Adobe's website.